



COMMONWEALTH OF MASSACHUSETTS

Department of Telecommunications and Cable

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JAY ASH
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

JOHN C. CHAPMAN
UNDERSECRETARY

KAREN CHARLES PETERSON
COMMISSIONER

Annual Return and Revenue Statement

for calendar year ending December 31, _____

1. Legal name of registered company _____

2. Doing business as (DBA) in MA, if any _____

3. Federal Employee Identification Number (FEIN) _____

4. Address of its principal office _____

City _____ State _____ Zip Code _____

5. Address of regulatory office, if different from principal office _____

City _____ State _____ Zip Code _____

6. Mailing address, if different from above _____

City _____ State _____ Zip Code _____

7. Main/General Telephone Number _____

8. Has company changed its registered and/or operating name(s) during the calendar year?

☐ No

☐ Yes, If 'yes' provide the following information below:

Previous name(s) _____

DBA _____

FEIN _____

Date of change/reason _____

Annual Return and Revenue Statement
for calendar year ending December 31, _____

9. Legal name of registered company _____

10. Date and state of incorporation _____

11. Long-term debt \$ _____ Short-term debt \$ _____

12. Capital stock authorized \$ _____ Capital stock outstanding \$ _____

13. Dividends paid out \$ _____ Dividends declared \$ _____

14. Briefly describe company's business operations in MASSACHUSETTS:

Signature and Oath of Treasurer and Chief Accounting Officer

We hereby certify that all statements contained in this return are full, just and true on this,

_____ day of _____, in the year _____

Treasurer

Signature

Name (print or type)

Chief Accounting Officer:

Signature

Name (print or type)

If signatures of the above two parties were affixed outside of the Commonwealth of Massachusetts, they must be properly sworn to, in person, as attested to by a Notary Public:

Signature

Address (city, state and zipcode)

Name (print or type)

My commission expires on: _____
(mm/yyyy)

REVENUE STATEMENT

for calendar year ending December 31, _____

1. Legal name of registered company_____
2. DBA in MA, if any_____
3. Federal Employee Identification Number (FEIN)_____
4. MA **Intrastate Operating Revenue** \$_____
5. MA **Intrastate Operating Expenses** \$_____

CONTACT INFORMATION

Questions regarding the information provided in this annual return, and **regulatory assessment invoices should be directed to:**

☐ *Please check if the contact information has changed since last filing.*

Contact Name & Title_____

Address: _____

City_____ State_____ Zip Code_____

Contact's telephone number _____

Contact's E-mail address_____

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Name/Title (print or type) _____

Signature _____ Date _____

TSPs can submit an original and one full copy of the completed forms to the address below, or, alternatively, can file by email attachment to dte.efiling@state.ma.us. Regardless of filing method, TSPs are required to submit to the address below a \$5.00 filing fee, check payable to the "Commonwealth of Massachusetts."

**Department of Telecommunications and Cable
Attn: Shonda D. Green, Department Secretary
1000 Washington Street, Suite 820
Boston, MA 02118-6500**